



So far we've look at four models for conducting community health needs assessment. As you can see, there are similarities as well as differences and the one your organization chooses to use depends on a number of factors. They may be used to one model and therefore have decided to continue using that model. They may select a model based on the fact that other similar organizations in their region or state have successfully used a particular model and recommend it. Or they may use a model because they feel it best meets their needs. It's also the case that some organizations use components from more than one model, or modify a model based on the availability of resources. What I want to do in this lecture is briefly cover one more model, then summarize what we've learned so far.

## Community Health Assessment Toolkit



The last model we'll look at is the Community Health Assessment Toolkit that was developed by the Association for Community Health Improvement (ACHI) for use by hospitals. In order to obtain the Toolkit materials, you have to be a member of one of several hospital associations so we can't provide those materials to you. However, we can give you an overview and refer you to the sources where you can obtain the toolkit.



The six steps of the Toolkit are:

Step 1 – Establishing the Assessment Infrastructure

Step 2 – Defining the Purpose and Scope

Step 3 - Collecting and Analyzing Data

Step 4 – Selecting Priorities

Step 5 – Documenting and Communicating Results

Step 6 – Planning for Action and Monitoring Progress

Sound familiar? It should because all of the models we’ve discussed have the following common components:

They all start with a plan and preparatory phase in which you recruit your team and community partners, identify roles and responsibilities for the team members, determine the resources that will be needed and a timeline for completion of the CHNA, decided whether or not to hire a consultant, etc.

They all require that the organization understands the purpose and scope of the assessment. Why are you doing it? What is your community? What do you want to learn about your community? What data and information will you use? How will you collect and analyze the data? How will you use the assessment report and findings? Etc. These are all questions that need to be answered before you can actually start assessing needs.

Each model includes a data collection and analysis phase. This can be a lengthy

process depending on whether you will be using just secondary data or whether you will be including primary data collection (e.g., doing a survey or conducting focus groups).

Each model also involves priority setting. No matter how well resourced and organization or community is, trying to tackle too many priorities is unrealistic particularly in the relatively short window you have before the next CHNA cycle begins. Remember, the ACA requires it be done every 3 years and PHAB requires a new one every 5 years.

All of the models include a reporting component in which the results of the needs assessment are disseminated to the community and appropriate individuals/organizations.

Finally, they all involve an action or implementation phase in which the organizations involved determine what they will do to address the priority needs, implement those plans, and collect data to measure the progress they make until the next cycle.



So rather than bore you by walking through the details of the Community Health Assessment Toolkit, I think it would be more productive to step back and talk about the larger context in which community health needs assessments reside in the life of a health department, hospital, or other organization that undertakes such an effort. I'm speaking about Quality and Performance Improvement.

In my mind, CHNAs serve two overriding purposes:

They provide the basis from which health improvement strategies can be developed that will result in improved health status in a community. That's a tremendous potential that CHNAs have. Organizations and citizens concerned about the health problems in their communities can use CHNAs to make changes by mobilizing existing and new resources to tackle problems that have been around for a long time. We sometimes refer to these as intractable problems – problems that have resisted previous efforts to mitigate them, that seem to have no good solution, but whose presence in a community is unacceptable. A good CHNA coupled with firm commitments from the parties involved can lead to positive change and reduce the negative impacts of intractable health problems. If that occurs, the quality of life in a community improves.

CHNAs are also an important tool that health organizations can use to improve their own performance and increase the quality of the services they provide. They illuminate areas in which the organization could improve by pointing out needs in

the community that they are currently either not addressing, but should, or are not addressing very well. If the organizations are willing to use their CHNA to shine a light on underserved populations, neglected needs, and poorly resourced services in a community they can then critically examine their own service areas and resource allocations to determine if they need to realign their organizational priorities with those that come out of the CHNA. And in fact, that's the intent of the Public Health Accreditation Board and the Affordable Care Act – to motivate health departments and hospitals to align their resources based on community needs and improve their ability to address those needs. That's why PHAB requires that health departments follow-up their CHA with a community health improvement plan and an organizational strategic plan. And why the ACA requires hospitals to develop an implementation strategy based on its CHNA.

So to me, a major take-away from this course for you should be that you see the value of CHNAs as an integral part of an organization's overall quality improvement (QI) efforts. And, of course, QI is a never-ending function of health organizations. They're cyclical in that once you identify areas for improvement you address them, then you check to make sure your improvements worked, and if not you try something else until you can measure real improvement, then you look for other improvement areas and use the lessons learned from the previous attempts to implement more improvements, and so on. That approach fits in very nicely with the needs assessment cycles of PHAB and the ACA.

## HiPPPOs



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Hi Performing People, Programs, and Organizations

In another course I teach I use the acronym HiPPPOS, or Hi Performing, People, Programs, and Organizations. CHNAs can help help organizations produce HiPPPOS as people working in those organizations reflect upon how their work and the programs they run relate to priority needs. This collective reflection contributes to the organization's ability to identify how it can do a better job of addressing those needs.

## Partnerships and Collaboration



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The other important point about conducting needs assessments, that should be obvious by now, is that they provide an excellent vehicle for building partnerships between organizations within a community and a platform from which to launch collaborative projects to improve health status. All of the models we've talked about require that the lead organizations, whether they be health departments of hospitals, engage other organizations and community residents in the process. It is not uncommon to find in communities that the process of conducting a CHNA is the first time some health organizations have ever worked together. You should take advantage of the opportunity that a CHNA provides to inform others of the health needs and to stimulate collaborative action to address those needs.

Our understanding of the impact of the social determinants of health makes it clear that many of the most intractable health problems that affect large numbers of people in a typical community can only be mitigated by taking a comprehensive approach. No one organization has the resources or expertise to do that. It can only be accomplished through well thought out planning using partnerships in which clearly defined roles and responsibilities are assigned to various individuals and organizations, and which include ongoing monitoring and accountability.

To conclude this module, after listening to these last few lectures and working through the reading assignments you should have a pretty good understanding of

several of the most commonly used health needs assessment methodologies. It's worth taking the time to review all of the materials in these last two modules because being able to conduct a needs assessment has become a valuable skillset that not many people have yet developed. It will give you an edge in seeking employment and advancing in a health organization. With that we'll stop.